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| NAME ADDED BY SUPPLEMENT STANDARD CERTIFICATE OF BIRTH Country Countr | ARIZONA STATE 1 | BOARD OF HEALTH | |
|--|---|--|--|
| Country Countr | 1. PLACE OF BIRTH NAME ADDED BY SUPPLEMENTAL BUREAU OF VI. | | |
| Township City Management of this courred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child Courred in a hospital or institution, give its NAME instead of street and number) 3. Sex If plural 4. Twin, tripleta, or other factors of the plural backs. If child is not yet named, make appliesemental report, as directed and number. 5. Number, in order of birth Full term of the plural place of abode) 6. Full term of this place of abode) 7. Is mother married? (M. Month, day, year) 8. Date of Managemental report, as directed married? (M. Month, day, year) 10. Residence (usful place of abode) 11. Color or race 12. 12. Ago at last birthday 2 (Years) 12. Birthplace (city or place) 13. Heading profession, or particular kind of work done, as planned, kind of work done, as planned, kind of work done, as spin which work was done, as silk mill, who work was done, as silk mill, the contains and particular kind of work done, as possible in this work was done, as some home, lawyer's office else, etc. 21. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 22. If estillborn, period of gestation or weeks of the birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn or midwish, but father, homeholder. 23. Track, profession, or particular kind work was done, as own home, lawyer's office else, etc. 24. Industry or business in which work was done, as own home, lawyer's office else, etc. 25. Date (month and year) last of this work of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 26. Track, profession, or particular kind work was done, as own home, lawyer's office else, etc. 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 28. If estillborn, period of | III STANDARD CERTIF | CATE OF BIRTH REGISTERS No. | |
| City of the course of the control of the course of the cou | County Gul | StateARIZONA | |
| City Month and year) last operation of child work and an abaptical or institution, give its NAME instead of street and number) 2. Full name of child work a directed and number of the part of the pa | Township | | |
| 2. Full name of child. M. Twin, triplets, or other formation of the first of the supplemental report, as directed supplemental report, as directed formation of the first of t | City VIA Strong STA SINE X & J | | |
| 3. Sex if plural in this sex in which seawers, bookseeper, etc. 13. Birthplace (city or place) Bayes, did of work done, as spinner shind, with sex savers, etc. 14. Industry or business in which sex savers, etc. 15. Industry or business in which example in this work savers, etc. 16. Industry or business in which example in this work savers, etc. 17. Total time (years) spent in this work | | | |
| 10. Residence (usual blace of abode) (If non-resident, give place and State) Monther (If non-resident, give place and State) (Years) 11. Color or race W. 12. Age at last birthday 39 (Years) 12. Birthplace (city or place) (State or Country) (State or Country) (State or Country) (State or Country) 22. Birthplace (city or place) (State or Country) 23. Trade, profession, or particular kind of work done, as spin. mill, sawmill, benue, as silk mill, steen (work done, as somewhere) (State or Country) 24. Trade, profession, or particular kind of work done, as somewhere, sawwer, bookkeeper, etc. 15. Industry or buniness in which work was done, as own home, lawyer's office, silk mill, etc. 24. Industry or buniness in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work spent in this work spent in this work of work done, as some home, lawyer's office, silk mill, etc. 26. Total time (years) (State or Country) 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn period of gestation months or weeks 28. If stillborn, period of gestation months or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was continued the continued or midwife, then the father, householder, etc., should make this return. (Continued the continued of the continued the continued the continued to the | Dirths | 7. Is mother 8. Date of Olege 27 | |
| 10. Residence (usual blace of abode) (If non-resident, give place and State) 11. Color or race | name | 18. Full MOTHER | |
| 13. Birthplace (city or place) (State or Country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work was done, as own home, last engaged in this work was done, as own home, sawyer affect, silk mill, etc. 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 28. If stillborn, period of gestation months or weeks 29. Cause of stillbirth period of gestation or weeks 19. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was but alive at low or was done, as own home, last engaged in this work 2 (a) this work 2 (b) Born alive but now dead (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was but alive at low or stillborn (Born how or stillborn) Given name added from a supplemental report (Date of) Address Address (State or Country) 22. Trade, profession, or particular kind of work done, as housekeeper, typis, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, sik mill, etc. 24. Industry or business in which work was done, as own home, lawyer's office, sik mill, etc. 25. Date (month and year) 26. Total time (years) 27. Number of children of this mother (At time (years)) 28. If stillborn, or particular kind of work was done, as own home, lawyer's office, sik mill, etc. 29. Cause of stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (Born No or stillborn) (Born No or stillborn) (Born No or stillborn) (Born No or stillborn) | 10. Residence (usual place of abode) (If non-resident, give place and State) Setamonicalle | 19. Residence (usus) (place of shode) | |
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| 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn. 28. If stillborn, | 16. Date (month and year) last engaged in this work 38 17. Total time (years) spent in this work 2. | 25. Date (month and year) last engaged in this work last engaged in this work spent in this work | |
| 28. If stillborn, period of gestation or weeks 29. Cause of stillbirth During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIRWIFE I hereby certify that I attended the birth of this child, who was local at When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) When the father, householder, etc., should make this return. Given name added from a supplemental report During labor (Signed) When the father, householder, etc., should make this return. (Signed) When the father, householder, etc., should make this return. Filed When the father, householder, filed when the father, householder, etc., should make this return. | | | |
| I hereby certify that I attended the birth of this child, who was but always at Same on the date above stated (Born five or stillborn). (Signed) Given name added from a supplemental report (Date of) (Date of) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (Born five or stillborn) (Signed) (Signed) (Signed) Address Filed | 28. If stillborn, period of gestation months 29. Cause of stillbirth | Before labor | |
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| cor midwife, then the father, householder, etc., should make this return. (Signed) Given name added from a supplemental report (Date of) Address Filed | I hereby certify that I attended the birth of this child, who was | Some alive at & a.m. on the date above stated | |
| (Signed) | | (Born Ange or stillborn). | |
| (Date of) Address Salard Quescient Midwife | | - TW. Sulle UN N. M. D. | |
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| | (Date of) Address Salard. Western 1 | | |
| Registrar. | Registrar. Filed | January 10, 1939 GM Menthons | |

10M—7/6/38-. Form 2 100% Rag Back of Certificate to be used for any Additional Information 3,